

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		3				
5		0				
6	/					
7		1				
8		0				
9		0				
10		0				
11		0				
12	/					
13		1				
14		1				
15		1				
16		4				
17		0				
18	/					
19		0				
20	/					
21		0				
22		1				
23	/					
24	/					
25	/					
26		1				
27	/					
28		0				
29	/					
30		1				
31	/					
32	/					
33		1				
34		1				
35		1				
36		1				
37		1				
38		6				
39		0				
40		0				
41	/					
42		1				
43		1				
44		1				
45		1				
46	/					
47	/					
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		1				
53		1				
54		1				
55		0				
56		0				
57		1				
58		1				
59		1				
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TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	55	↓		↓		↓
TOTAL CLAIMS	70					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS